



Town of Arlington Board of Selectmen

Meeting Agenda

June 11, 2018
7:15 PM
Selectmen's Chambers, 2nd Floor, Town Hall

1. Presentation & Discussion: AHS Design Concepts

Adam W. Chapdelaine, Town Manager
Lori Cowles, HMFH Architects

CONSENT AGENDA

2. Minutes of Meetings: May 21, 2018
3. Request: Special (One Day) Beer & Wine License, 6/15/18 @ Robbins Memorial Town Hall for ACMI Awards Dinner Event
Norm McLeod, ACMI Director
4. Request: Special (One Day) Beer & Wine License, 6/23/18 @ Robbins Memorial Town Hall for a Private Event
Christina Allain
5. For Approval: Three Sandwich Board Signs through 7/2 for the Arlington Cultural District's 'Call for Ideas' Initiative
Andrea Nicolay, Director of Libraries
6. For Approval: Arlington International Film Festival Banners
April Ranck, Executive Director, AIFF

APPOINTMENTS

7. Park and Recreation Commission, Associate Member
Phil Lasker (no expiration date)

LICENSES & PERMITS

8. Rehearing for Abutter Notification: Sidewalk Cafe and Alteration of Premise
Acitron, 473 Massachusetts Avenue, Prakash Hule
9. For Approval: Bike Share Operator Licenses
 - a) Neutron Holdings, LLC d/b/a LIME
 - b) Skinny Labs Inc. d/b/a SpinDouglas W. Heim, Town Counsel

CITIZENS OPEN FORUM - SIGN IN PRIOR TO BEGINNING OF OPEN FORUM

Except in unusual circumstances, any matter presented for consideration of the Board shall neither be acted upon, nor a decision made the night of the presentation in accordance with the policy under which the Open Forum was established. It should be noted that there is a three minute time limit to present a concern or request.

TRAFFIC RULES & ORDERS / OTHER BUSINESS

10. Discussion: Regis Road Repaving
Elizabeth Gottlieb and Residents of Regis Road
11. Discussion: Proposal to Hold Weekend Beer Garden at Whittemore Park
Adam W. Chapdelaine, Town Manager
12. For Approval: Process for Filling CPAC Vacancy
Adam W. Chapdelaine, Town Manager
13. For Approval: Process for Recruitment of Treasurer/Collector
Adam W. Chapdelaine, Town Manager
14. Discussion: Board of Selectmen Awards
Kevin F. Greeley, Selectman
15. Discussion: Goal Setting Meeting Date

CORRESPONDENCE RECEIVED

Safety Concerns and Recommendations @ Intersection of Gray Street, Quincy Street and Fountain Road

Elisabeth Carr-Jones, One Lehigh Street

Police Response to Aggressive Dog Complaint @ 72 Ronald Road

Captain Jim Curran, APD

NEW BUSINESS

EXECUTIVE SESSION

To review the Executive Session Minutes of April 9, 2018; April 23, 2018; April 30, 2018 and May 7, 2018.

To conduct a strategy session in preparation for negotiations with non-union personnel - Town Manager.

Next Scheduled Meeting of BoS June 25, 2018



Town of Arlington, Massachusetts

Presentation & Discussion: AHS Design Concepts

Summary:

Adam W. Chapdelaine, Town Manager
Lori Cowles, HMFH Architects



Town of Arlington, Massachusetts

Minutes of Meetings: May 21, 2018

ATTACHMENTS:

Type	File Name	Description
Reference Material	5.21.18_draft_minutes.docx	Draft Minutes 5.21.18

TOWN OF ARLINGTON
BOARD OF SELECTMEN

Meeting Minutes
Monday, May 21, 2018
7:15 PM

Present: Mr. Dunn, Chair, Mrs. Mahon, Vice Chair, Mr. Greeley, Mr. Curro and Mr. Hurd
Also Present: Mr. Chapdelaine, Mr. Heim, and Mrs. Krepelka

1. Approval of Sale of \$52,500 Sewer Bond to the Massachusetts Water Resource Authority
Dean Carman, Treasurer & Collector of Taxes

VOTE OF THE BOARD OF SELECTMEN

I, the Clerk of the Board of Selectmen of the Town of Arlington, Massachusetts, certify that at a meeting of the board held May 21, 2018, of which meeting all members of the board were duly notified and at which a quorum was present, the following votes were unanimously passed, all of which appear upon the official record of the board in my custody:

Voted: that the sale of the \$52,500 Sewer Bond of the Town dated June 11, 2018, to Massachusetts Water Resources Authority (the "Authority") is hereby approved and the Town Treasurer or other appropriate Town official is authorized to execute on behalf of the Town a Loan Agreement and a Financial Assistance Agreement with the Authority with respect to the bond. The bond shall be payable without interest on May 15 of the years and in the principal amounts as follows:

<u>Year</u>	<u>Installment</u>	<u>Year</u>	<u>Installment</u>
2019	\$5,250	2024	\$5,250
2020	5,250	2025	5,250
2021	5,250	2026	5,250
2022	5,250	2027	5,250
2023	5,250	2028	5,250

Further Voted: that each member of the Board of Selectmen, the Town Clerk and the Town Treasurer be and hereby are, authorized to take any and all such actions, and execute and deliver such certificates, receipts or other documents as may be determined by them, or any of them, to be necessary or convenient to carry into effect the provisions of the foregoing vote.

I further certify that the votes were taken at a meeting open to the public, that no vote was taken by secret ballot, that a notice stating the place, date, time and agenda for the meeting (which agenda included the adoption of the above votes) was filed with the Town Clerk and a copy thereof posted in a manner conspicuously visible to the public at all hours in or on the municipal building that the office of

the Town Clerk is located or, if applicable, in accordance with an alternative method of notice prescribed or approved by the Attorney General as set forth in 940 CMR 29.03(2)(b), at least 48 hours, not including Saturdays, Sundays and legal holidays, prior to the time of the meeting and remained so posted at the time of the meeting, that no deliberations or decision in connection with the sale of the bond were taken in executive session, all in accordance with G.L. c.30A, §§18-25 as amend.

Mr. Greeley moved approval.

SO VOTED (5-0)

2. Reimagining Our Libraries Project Update
Andrea Nicolay, Director of Libraries

After the completion of Arlington's Reimagining Our Libraries Project, a laptop bar and much more will be a reality for the Fox and Robbins Libraries. The Reimagining Campaign began in 2017 with a space study of both libraries. Ms. Nicolay stated that the program attendance has increased 53 percent in the past year and teen use has increased 43 percent over the past two years. Following two public meetings in June 2017 and a survey, the Reimagining Working Group helped guide Ann Beha Architects through creating the schematic design based on what the community wanted to see. Ms. Nicolay stated there is currently no timeline for construction at either library and the working group is exploring funding through the Massachusetts Library Board of Commissioners, the Town's Capital Plan, funding and through friends groups.

Ms. Nicolay stated that the circulation has doubled at Fox Library over the past ten (10) years and the addition of Saturday hours has increased usage as well. Some of the current issues with Fox Library include code compliance, particularly concerning Americans with Disabilities Act accessibility to the community space in the basement. The proposed plan for Fox Library is to demolish the existing building and build a new one-story building with a lower level in its place. This new space would keep the Little Fox Shop, create a new teen section, provide additional meeting space in the basement and a laptop bar. The new building would also move the entrance from Cleveland Street to Massachusetts Avenue. The project is estimated to cost \$6.3 - \$6.9 million.

Robbins Library also faces code compliance issues throughout the building and, as such, there will be a full interior renovation to bring the building up to code, including adding a ramp entrance to the community room in the lower level. A two-story addition would provide additional work space with a cafe-style area where residents will feel comfortable eating. This addition is off of the current fiction room which would be turned into the new teen room. A laptop bar and more group study space would also be added as part of the renovation. This project is estimated to cost \$8.3 - \$8.5 million.

Ms. Nicolay stated there would be public meetings to be held at both Robbins and Fox Libraries on June 14 and June 19th from 7 - 9 p.m.

The Board thanked Ms. Nicolay for an excellent presentation.

Mrs. Mahon moved receipt of report.

SO VOTED (5-0)

PROCLAMATIONS

3. (a) Proclamation to Declare June as Pride Month in Arlington
(b) Request Support of Freedom Massachusetts' Coalition to Uphold

Massachusetts' Non-Discrimination Laws re Gender Identity
Helene Newberg and Lisa Krinsky, Rainbow Commission Members

Lisa Krinsky stated the Rainbow Commission is grateful to the Board for their Proclamation recognizing Pride Month in Arlington. She stated that their festivities will be modest this June, but they hope that Arlington's Pride Celebration will grow each year. Town Meeting established the LGBTQIA+Rainbow Commission in 2017 with the purpose of promoting equality-affirming policies regarding the full spectrum of sexual orientations and gender identities, and bringing great visibility and empowerment in the lesbian, gay, bisexual, transgender, queer, intersex, asexual (and more) population through education, advocacy, and collaboration with other Town agencies, schools and community groups.

The main Pride event this year will be a picnic in the garden of the Whittemore-Robbins House on Sunday, June 10 from 3-5 p.m. Food for the picnic is sponsored by the Council on Aging.

The Commission is asking to see Town Hall decorated for Pride Month with a rainbow crosswalk or sidewalk, rainbow and trans-flag decorations out front, and the blue-pink-and-white colors of the trans flag lighting up the building at night.

The Committee also stated that there is a question that will be brought to the voters of Massachusetts on the November ballot asking whether the state should maintain the current law that protects transgender people from discrimination. These important protections have been in place since 2016 without problem. A yes vote preserves this state law protecting transgender and gender-nonconforming people from discrimination in public places, including stores, restaurants, hotels, public transportation, parks, museums, dentists' offices, and hospitals. A no vote would repeal the law.

The Rainbow Commission has joined the Freedom for All Massachusetts Coalition in expressing support for keeping this important state law, which provides the same protections that Town Meeting added to the Arlington Bylaws. Arlingtonians do not stay within the town's boarders, therefore, they hope the Board will vote tonight to join us in this coalition and declare Arlington's continuing support for retaining these important protections statewide.

Mr. Chapdelaine will coordinate with the Rainbow Commission regarding all their requests to decorate Town Hall for Pride Month.

Mrs. Mahon moved approval, seconded by Mr. Curro.

SO VOTED (5-0)

FOR APPROVAL

4. Request: Removal of Norway Maple Opposite 54 Foster Street for Gibbs School Renovation
Tim Lecuire, Tree Warden

Mr. Lecuire proposed removal of Tree #2 located across from 54 Foster Street by request of Arlington Engineering Department for the Gibbs School Renovation Project to construct a student drop-off/pickup area.

Mrs. Mahon moved approval to the removal of Tree #2.

SO VOTED (5-0)

5. For Approval: 8 Planters in Arlington Heights Business District
Jane Foley, Civic Development Chair, Arlington Garden Club

The Board approved the installation of six to eight planters in the Heights Business District. Jane Foley, Civic Development Chair, Arlington Garden Club hopes that they will become a permanent fixture in the community.

Mr. Curro moved approval.

SO VOTED (5-0)

CONSENT AGENDA

6. Minutes of Meetings: May 7, 2018
7. For Approval: Concert on Jefferson Cutter House Lawn, Saturday, June 2, 1:00 p.m. - 2:00p.m.
Heather Leavell, Director, Cyrus Dallin Art Museum
8. For Approval: 20th Annual Feast of the East, June 16
Jan Whitted, Capitol Square Business Association
9. For Approval: Annual Arlington for All Ages 5K Race, September 9, 2018
Susan Carp, Executive Director, Council on Aging
Health and Human Services Charitable Corporation
10. Request: Special (One Day) Beer & Wine License, 6/9/18 Robbins Memorial Town Hall for a Private Event
Sarah Sontag
11. Request: Contractor/Drainlayer License
Joe Lamacchia Landscaping, 519 Fiske Street, Holliston, MA
Mrs. Mahon moved approval subject to all conditions as set forth. SO VOTED (5-0)

LICENSES & PERMITS

12. 7:15 p.m. National Grid Petition/Mountain Avenue (Public Way)
Barbara Kelleher, Permit Representative
(all abutters notified)
Mr. Greeley moved approval subject to all conditions as set forth. SO VOTED (5-0)

CITIZENS OPEN FORUM

Except in unusual circumstances, any matter presented for consideration of the Board shall neither be acted upon, or a decision made the night of the presentation in accordance with the policy under which the Open Forum was established. It should be noted that there is a three minute time limit to present a concern or request.

No matters were presented to the Board.

TRAFFIC RULES & ORDERS / OTHER BUSINESS

13. Bike Share

a) For Approval: Pilot Bike Share Program License Rules and Orders

b) For Discussion: Bicycle Share Hotspot Map

c) For Approval: Bike Share Operator License - Limebike

Nat Strosberg, Senior Planner

Douglas W. Heim, Town Counsel

Two dockless bike share companies, LimeBike and Spin, are coming to Town as part of a Metropolitan Area Planning Council pilot program. Three hundred bikes, 150 from each company, will be scattered throughout Arlington. Rides cost \$1.00 for 30 minutes.

The regulations require each company to provide a 24-hour contact number for both uses of the bike share and residents who wish to make a complaint about where a bike is parked. Bike share Companies would also be required to redistribute bikes that remained in one location for seven days without moving.

The regulations also determine where and how bikes can be parked. Bikes will be parked throughout Town and at “hot spot” locations where bike share usage is most popular. These bikes must be parked on the sidewalk with four feet of space for pedestrians to walk around or in a bicycle rack.

Contracts with LimeBike and Spin will be approved at a later meeting.

Mrs. Mahon moved approval subject to final approval with changes from Town Counsel.

Mrs. Mahon also moved receipt of the Hot Spot Map.

SO VOTED (5-0)

14. For Approval: Submission of Grant Application for Net Zero Planning

Adam W. Chapdelaine, Town Manager

Mr. Chapdelaine stated that he realized after Item was added to the Agenda he did not need Selectmen approval for said grant.

15. Update on CDBG Subcommittee Recommendations

Daniel J. Dunn, Chair

Adam W. Chapdelaine, Town Manager

Mr. Chapdelaine stated that the CDBG Community Development Block Grant program got additional money from the state. An additional \$100,000 was given to Arlington for its CDBG program. This money will be distributed to various organizations based on their original funding requests to bring them near or at their original requests. The three largest increases will go to the Housing Corporation of Arlington’s improvements at their Capitol Square Apartments, ADA compliance updates at Spy Pond and Food Link’s acquisition of a new operations location.

Mrs. Mahon moved approval.

SO VOTED (5-0)

Mr. Chapdelaine SO VOTED (1-0)

16. For Approval: Board Designee Committee Appointments
Daniel J. Dunn, Chair

The Board approved of appointing John Hurd as the Board's designee to the Arlington Committee on Tourism and Economic Development and the Transportation Advisory Committee.

Mrs. Mahon will be the Selectmen designee to the CDBG Committee.

Mr. Dunn moved approval. SO VOTED (5-0)

17. Vote: Approval of Town Manager's Evaluation

Daniel J. Dunn, Chair

Mr. Chapdelaine thanked the Board for going through said process. He appreciated the positive feedback and some constructive feedback as well.

Mrs. Mahon moved approval. SO VOTED (5-0)

CORRESPONDENCE RECEIVED

Aggressive Dog Complaint at 72 Ronald Road

Ann Houston, 70 Ronald Road

The Board referred Ms. Houston's letter to the Town Manager for investigation and recommendation from the Police Department if a hearing is necessary.

Request to Make Intersection of Rhinecliff Street and Oakland Avenue a 4-Way Stop

David Levy, 95 Rhinecliff Street, via Request/Answer Center

Mr. Dunn referred to Town Manager.

Request Two 'No Parking Here to Corner Signs' at Intersection of Warren Street and WymanStreet / Donald Langbein, 56 Wyman Street

Mr. Dunn referred to Town Manager and Assistant Town Manager James Feeney to communicate with Mr. Langbein regarding all recommendations regarding said intersection.

Request to Reconsider Existing Parking Regulations on Broadway

Resident Petition

Board recommended to refer to the Parking Implementation Committee.

Opposed to Implementing Dedicated Bus Only Lane

East Arlington Businesses

Board received request.

Mrs. Mahon moved receipt of "Correspondence Received". SO VOTED (5-0)

NEW BUSINESS

Mr. Chapdelaine stated he attended the Public Forum at Town Hall on Thursday night, May 17th, regarding Bringing Bus Rapid Transit to Arlington and was quite impressed with the residents that attended said meeting. Recognizing this demand for faster, more reliable service, riders and political leaders have already taken steps to make buses a priority. Last year, Arlington joined Cambridge, Watertown and Everett in receiving a BRT-related grant from the Barr Foundation, which we'll use for our Massachusetts Avenue pilot. The project aims to reduce congestion at key intersections in the eastbound lane along Mass. Ave. from Pleasant Street to Alewife Brook Parkway. Prioritizing buses also addresses sustainability and public health goals like cutting greenhouse gases and promoting complete street.

Mr. Chapdelaine stated that a statement was given today from the Town Manager, Police Chief Frederick Ryan, Supt. of Schools Kathleen Bodie, David Swanson, Naomi Greenfield, Human Rights Commission Co-Chairs, and Anna Watson, Rainbow Commission. The Chairperson announced a Resolution to the recent Vandalism and Hate Speech Incident at Arlington High School on May 2, 2018.

Mr. Greeley announced the Rotary Club Annual Banquet will be held on Tuesday, June 5, 2018, and this year's Community Person of the Year Award is being presented to Arlington High School Jazz Band Director Sabato D'Agostino.

Mr. Greeley stated at the Selectmen's Meeting on Monday, June 11th he will be asking the Board for nominations to form a Committee for the Selectmen Awards to be held in November 2018.

Mr. Hurd congratulated the Arlington Boys & Girls Club for a wonderful evening Friday night celebrating their 80th Anniversary.

Mr. Hurd also thanked the Planning Department for conducting a public hearing regarding Bringing Bus Rapid Transit to Arlington on May 17th at Town Hall Auditorium.

Mr. Dunn announced that starting in June the Board, for the summer months, will be wearing informal attire for said meetings.

Mr. Dunn also announced that he had an informal meeting with ACMI employees Sarah Alfaro-Franco and James Milan regarding Town Finances, future Debt Override relative to the new high school, and also Override for Operating Costs for the Town.

Mr. Mahon moved to adjourn at 9:25 p.m.

SO VOTED (5-0)

Next Scheduled Meeting of BoS June 11, 2018

A true record attest:
Marie A. Krepelka
Board Administrator

5/21/18

Agenda Item	Documents Used
1	Approval of Sale of \$52,500 Sewer Bond to the Massachusetts Water Resource Authority Dean Carmen, Treasurer & Collector of Taxes
2	Reimagining Our Libraries Project Update - Andrea Nicolay, Director of Libraries
3	Proclamation to Declare June as Pride Month in Arlington
4	Request: Removal of Norway Maple Opposite 54 Foster Street for Gibbs School Renovation Tim Lecuivre, Tree Warden
5	For Approval: 8 Planters in Arlington Heights Business District Jane Foley, Civic Development Chair, Arlington Garden Club
6	Minutes of Meetings: May 7, 2018
7	For Approval: Concert on Jefferson Cutter House Lawn, Saturday, June 2, 1:00 p.m. - 2:00 p.m.
8	For Approval: 20th Annual Feast of the East, June 16 Jan Whitt4d, Capitol Square Business Association
9	For Approval: Annual Arlington for All Ages 5K Race, September 9, 2018 Susan Carp, Executive Director, Council on Aging, Health and Human Services Charitable Corporation
10	Request: Special (one Day) Beer & Wine License, 6/9/18 Robbins Memorial Town Hall for a Private Event - Sarah Sontag
11	Request: Contractor/Drainlayer License - Joe Lamacchia, 519 Fiske Street, Holliston, MA
12	National Grid Petition/Mountain Avenue (Public Way) - Barbara Kelleher, Permit Representative (all abutters notified)
13	Bike Share - a) For Approval - Pilot Bike Share Program License Rules and Orders b) For Discussion: Bicycle Share Hotspot Map - Nat Strosberg, Senior Planner, Douglas W. Heim, Town Counsel
14	For Approval: Submission of Grant Application for Net Zero Planning - Adam Chapdelaine, Town Manager
15	Update on CDBG Subcommittee Recommendations, Daniel J. Dunn, Chair, Adam W. Chapdelaine, Town Manager
16	For Approval: Board Designee Committee Appointments - Daniel J. Dunn, Chair
17	Vote: Approval of Town Manager's Evaluation - Daniel J. Dunn, Chair
Corr. Received	<ol style="list-style-type: none"> 1. Aggressive Dog Complaint at 72 Ronald Road, Ann Houston, 70 Ronald Road 2. Request to Make Intersection of Rhinecliff Street and Oakland Avenue a 4-Way Stop David Levy, 95 Rhinecliff Street, via Request/Answer Center 3. Request: Tow "No Parking Here to Corner Signs" at intersection of Warren Street and Wyman Street Donald Langbein, 56 Wyman Street 4. Request to Reconsider Existing Parking Regulations on Broadway - Resident Position 5. Opposed to Implement Dedicated Bus Only Lane - East Arlington Businesses



Town of Arlington, Massachusetts

Request: Special (One Day) Beer & Wine License, 6/15/18 @ Robbhins Memorial Town Hall for ACMI Awards Dinner Event

Summary:

Norm McLeod, ACMI Director

ATTACHMENTS:

Type	File Name	Description
<input checked="" type="checkbox"/> Reference Material	ACMI_Special_One_Day_app_.pdf	Special Beer and Wine Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Norm McLeod, ACMI

Address, phone & e-mail contact information:

85 Park Avenue, Arlington, Ma. 02476 781-777-1115 norm@acmi.tv

Name & address of Organization for which license is sought:

Michelle Noska, Beaujolais Catering, 207 Broadway, Arlington, Ma. 02474

Does this Organization hold nonprofit status under the IRS Code? X Yes No

Name of Responsible Manager of Organization (if different from above):

Address, phone & e-mail contact information:

617-519-6081 Michelle@beaujolaiscatering

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? NO X If so, please give date(s) of Special Licenses and/or applications and title of event(s).

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

event held every two years.

24-Hour contact number for Responsible Manager on Event date:

617-519-6081

Title of Event:

ACMI Awards Dinner Event

Date/time of Event:

Friday, June 15, 2018

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer/Vicki Rose/Sheelah Ward

Method(s) of invitation/publicity for Event:

Invitation

Number of people expected to attend: 140

Expected admission/ticket prices: \$0

Expected prices for food and beverages (alcoholic and non-alcoholic):

\$5 for beer and wine, no charge for waters

Will persons under age 21 be on premises? yes

If "yes," please detail plan to prevent access of minors to alcoholic beverages.

Bartenders will check for ID's

Have you consulted with the Department of Police Services about your security plan for the Event?

YES

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Officer Corey P. Rateau
Date 5-31-16
Off. Corey P. Rateau
Printed name/title

POLICE COMMENTS:

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

beer/wine

What types of food and non-alcoholic beverages do you plan to serve at the Event?

full dinner menu waters/sodas

Who will be responsible for serving alcoholic beverages at the Event?

Beaujolais Catering

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

TIPS CERTIFICATION

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

attached

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc:

Atlas Liquors, Medford

Date of Delivery: Friday, June 15

Alcohol Serving Time (s) 6:00 pm - 9:30 pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

will take back what is not used.

Date of Pick-Up:

Atlas will pick up on Monday, June 18

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.)

ATTACHED

**Please submit this completed form and filing fee to the Board of Selectmen
at least 21 days before your Event. Failure to provide complete
information may delay the processing of your application.**

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: _____

Printed name: Norm McLeod _____

Printed title & Organization name: Director ACMI _____

Email: norm@acmi.tv _____

revised: 5/18/2015 reformatted: 02252018



ROBBINS MEMORIAL TOWN HALL AUDITORIUM
730 Massachusetts Avenue, Arlington, Ma. 02476

23 May 2018

SECURITY PLAN FOR ARLINGTON COMMUNITY MEDIA INC.

ACMI is sponsoring an event - an annual meeting and awards night reception to be held on Friday, June 15, 2018, 6:00 pm – 11:00 pm at the Arlington Town Hall. A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

ACMI is sponsoring this event for its staff and members. There are no tickets required to attend the event.

ACMI is sponsoring the event and funding it.

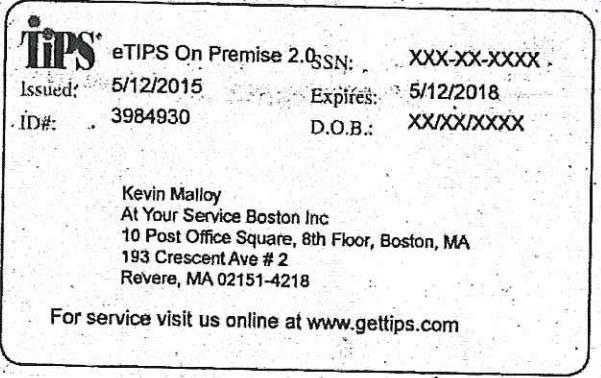
We anticipate approximately 140 people to attend.

Patsy Kraemer and Vicki Rose will be the event coordinators for the event. Beaujolais Catering will provide bartender service and food service. There will be a Town Hall custodian for the event. Norm McLeod and his staff will assist in staffing the party. All these people will be responsible for ensuring that the event runs smoothly.

A police detail will be hired for the event (if required) and a fire services detail will be hired for the event.

Parking for the event will be available in the Town Hall parking lot, the parking lot at the Central School office building directly behind Town Hall, and on the side streets, as well as Mass. Ave.

Please advise if there are other items that we need to consider.



Signature:

This is your Official TIPS® Certification Card.

Carry it with you as evidence of your skills and knowledge in the responsible sale and consumption of alcohol.

Congratulations!

By successfully completing the TIPS® (Training for Intervention Procedures) program, you have taken your place in the forefront of a nationwide movement to reduce the tragedies resulting from the misuse of alcohol. We value your participation in the TIPS program.

You will help to provide a safer environment for your patrons, peers and/or leagues by using the techniques you have learned and taking a positive approach towards alcohol use.

If you have any information you think would enhance the TIPS program, or can assist you in any way, please contact us at 703-524-1200. Thank you for dedication to the responsible sale and consumption of alcohol.

Sincerely,


Aldanico G de Oliveira
afetz
JCI

For service visit us online at www.gettips.com

IMPORTANT: Keep a copy of this card for your records. Write down your certification number because you will need it when contacting TIPS. For assistance or additional information, contact Health Communications, Inc. by using the information provided on the reverse side of your certification card. There is a minimal charge for a replacement card if your original card becomes lost, damaged or stolen.

	SSN: XXX-XX-XXXX
Issued: 6/6/2015	Expires: 6/6/2018
ID#: 4003613	MM/YY

Aldanico G de Oliveira
364 Reservoir ave
Revere, MA 02151



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/11/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: PHONE (A/C, No, Ext): (781) 322-2350 E-MAIL ADDRESS:	Commercial Lines
Prescott and Son Insurance Agency, Inc. 963 Eastern Avenue		INSURER(S) AFFORDING COVERAGE	NAIC #
Malden MA 02148		INSURER A: Hartford Insurance Group	
INSURED		INSURER B: Safety Insurance Co	39454
Michelle C Noska DBA Beaujolais Catering 207A Broadway		INSURER C:	
Arlington MA 02474		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER: 2018-2019		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) 04/09/2018	POLICY EXP (MM/DD/YYYY) 04/09/2019	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	08SBAAA8353				EACH OCCURRENCE \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	6227097		01/21/2018	01/21/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person) \$ 1,000,000	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$	
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE \$	
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						OTHER \$	
A	Liquor Liability	Y	08SBAAA8353	04/09/2018	04/09/2019	EACH OCCURENCE \$ 1,000,000		
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					AGGREGATE \$ 1,000,000		

CERTIFICATE HOLDER		CANCELLATION	
Town of Arlington 730 Mass Ave		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
Arlington MA 02474		AUTHORIZED REPRESENTATIVE 	

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Town of Arlington, Massachusetts

Request: Special (One Day) Beer & Wine License, 6/23/18 @ Robbins Memorial Town Hall for a Private Event

Summary:

Christina Allain

ATTACHMENTS:

Type	File Name	Description
<input checked="" type="checkbox"/> Reference Material	Allain_Special_App..pdf	Special Beer and Wine Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Christina Allain

Address, phone & e-mail contact information:

18 Magnolia St. #2 Arlington, Ma. 02474 617-483-3376 chrijala@gmail.com

Name & address of Organization for which license is sought:

Jim D'Entremont Cocktails Raising the Bar 5 Nanset Rd., Weymouth Ma. 02191

Does this Organization hold nonprofit status under the IRS Code? Yes No

Name of Responsible Manager of Organization (if different from above):

Address, phone & e-mail contact information:

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? NO X If so, please give date(s) of Special Licenses and/or applications and title of event(s).

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

one-time event

24-Hour contact number for Responsible Manager on Event date:

617-590-3453

Title of Event:

wedding

Date/time of Event:

Saturday, June 23, 2018 5:00 pm - 10:00

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer/Vicki Rose/Sheelah Ward

Method(s) of invitation/publicity for Event:

Invitation

Number of people expected to attend: 200

Expected admission/ticket prices: N/A

Expected prices for food and beverages (alcoholic and non-alcoholic):

N/A

Will persons under age 21 be on premises? yes

If "yes," please detail plan to prevent access of minors to alcoholic beverages.

Bartenders will check for ID's

Have you consulted with the Department of Police Services about your security plan for the Event?

YES

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Off. Corey P. Rateau
Off. Corey P. Rateau
Printed name/title

Date 5-31-18

POLICE COMMENTS:

Request at least one police safety detail

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

beer/wine

What types of food and non-alcoholic beverages do you plan to serve at the Event?

full dinner menu waters/sodas

Who will be responsible for serving alcoholic beverages at the Event?

Cocktails Raising the Bar bartending service

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

TIPS CERTIFICATION

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

attached

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc:

Kappy's On Line Everett, Ma.

Date of Delivery: Sat.. June 23, 2018

Alcohol Serving Time (s) 5:00 pm - 9:30 pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

Kappy's will take back what is not used.

Date of Pick-Up:

June 25, 2018

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.)

ATTACHED

**Please submit this completed form and filing fee to the Board of Selectmen
at least 21 days before your Event. Failure to provide complete
information may delay the processing of your application.**

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: _____

Printed name: Christina Allain _____

Printed title & Organization name: _____

Email: chrijala@gmail.com _____

revised: 5/18/2015 reformatted: 02252018



ROBBINS MEMORIAL TOWN HALL AUDITORIUM
730 Massachusetts Avenue, Arlington, Ma. 02476

29 May 2018

SECURITY PLAN FOR ALLAIN/SONG WEDDING

A wedding reception for Christina Allain and Jeffrey Song will be held on Saturday, June 23, 2018, in the auditorium at Arlington Town Hall. The event is scheduled for 5:00 pm to 10:00 pm.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 200 people to attend.

Patsy Kraemer will be the event coordinator for the event. The bartending service will be provided by Cocktails Raising the Bar. Blue Ribbon Bar B Q will provide the food. Greg Stathopoulos will be the custodian for the event. The Allain and Song families will be responsible to ensure that the event runs smoothly.

A police detail will be hired for the event (if required) and a fire services detail will be hired for the event. These officers will be available to help with any emergency situations that may arise.

Parking for the event will be available in the Town Hall parking lot, the parking lot at the Central School office building directly behind Town Hall, and on the side streets, as well as Mass. Ave.

Please advise if there are other items that we need to consider.



XXX-XX-XXXX

eTIPS On Premise 2.6 SSN:

9/21/2015

Issued:

4086288

ID#:

9/21/2018

Expires:

D.O.B.:

Ronald James Newman
19 Humphrey St
Weston, MA 02493-1202

For service visit us online at www.gettips.com



eTIPS On Premise 3.0

Issued: 3/28/2017

ID#: 4489067

CERTIFIED

Expires: 3/28/2020

Patrick Joseph Marra
614 Main St
Watertown, MA 02472-2129

For service visit us online at www.gettips.com

ID#: 4504495 Name: Charles W Mulford

Exam Date: 4/17/2017 Expiration Date: 4/17/2020



eTIPS On Premise 3.0

Issued: 4/17/2017

ID#: 4504495

CERTIFIED

Expires: 4/17/2020

Charles W Mulford
27 Emanuel Rd
Marshfield, MA 02050-5505

For service visit us online at www.gettips.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/10/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Weymouth 253 Washington St Weymouth MA 02188	CONTACT NAME: PHONE (A/C, No., Ext): 781-331-5200	FAX (A/C, No): 781-340-1817
	E-MAIL ADDRESS: commercial@kaplansky.com	
INSURED Cocktails, LLC Jim Dentremont 5 Nanset Rd Weymouth MA 02191	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Mount Vernon Fire Insurance Company	
	INSURER B : United States Liability Insurance	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 405329110

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CL2652807C	12/18/2017	12/18/2018	EACH OCCURRENCE	\$ 1,000,000	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
						MED EXP (Any one person)	\$ 5,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					COMBINED SINGLE LIMIT (Ea accident)	\$	
						BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
							\$	
	AUTOMOBILE LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N N/A				PER STATUTE	OTH-ER	
						E.L. EACH ACCIDENT	\$	
						E.L. DISEASE - EA EMPLOYEE	\$	
						E.L. DISEASE - POLICY LIMIT	\$	
B	Liquor Liability		CL1634026D	12/18/2017	12/18/2018	Occurrence Aggregate	1,000,000 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The certificate holder is an additional insured for general liability of the insured, if required by written agreement with the insured. The Owner of any premises at which the insured is serving alcohol is an additional insured for any liquor liability arising from the insured's serving of alcohol.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Town of Arlington, Massachusetts

For Approval: Three Sandwich Board Signs through 7/2 for the Arlington Cultural District's 'Call for Ideas' Initiative

Summary:

Andrea Nicolay, Director of Libraries

ATTACHMENTS:

Type	File Name	Description
<input checked="" type="checkbox"/> Reference Material	ACD_Sandwich_Board_Sign_Request.docx	Reference

From: Andrea Nicolay <anicolay@minlib.net>
To: Marie Krepelka <mkrepelka@town.arlington.ma.us>
Cc: Ali Carter <ACarter@town.arlington.ma.us>
Date: 05/31/2018 03:01 PM
Subject: Request for Arlington Cultural District sandwich board placement

Dear Marie,

On behalf of the Arlington Cultural District (ACD) Managing Partnership, I'm requesting permission from the Select Board for the temporary placement of three sandwich board signs to promote the ACD's Call for Ideas initiative. No sign will block sidewalk passages.

We propose placing one sign in East Arlington near the Capitol Theater, another in Whittemore Park, and a third on the lawn of the Jason Russell House near the corner of Jason St. and Mass Ave.

The initiative ends on July 1, so we would like to place these signs as soon as they can be approved.

Many thanks,
Andrea

--
Andrea Nicolay
Director of Libraries, Arlington MA
p. 781-316-3201 www.robbinslibrary.org



Town of Arlington, Massachusetts

For Approval: Arlington International Film Festival Banners

Summary:

April Ranck, Executive Director, AIFF

ATTACHMENTS:

Type	File Name	Description
<input checked="" type="checkbox"/> Reference Material	AIFF_Banner_Request.2018_(1).pdf	Banner Request

THE ARLINGTON INTERNATIONAL FILM FESTIVAL



"Where Arlington and the World Converge."

June 5, 2018

Re: Request to hang Banners

Arlington Selectmen,

Arlington International Film Festival (AIFF), approaching its 8th year of production, is pleased to announce that this year's Festival will be held at the Capitol Theater November 1 to 4. We are delighted to be part of the Arlington Cultural District. We respectfully come before you with our request to display banners in Arlington Center and in East Arlington. ATED has graciously committed to sponsoring AIFF.

Specifics:

- *Display dates: September 15th – November 1stth (following Town Day)*
- *4 double-sided banners to be displayed on poles in Arlington Center (3 x 7)
Rt.60 and Mass Ave poles (west)
Rt.60 and Mass Ave poles (east)*
- *6 double-sided banners to be displayed on poles in East Arlington (?)*

On behalf of the Arlington International Film Festival, I would like to express my sincere appreciative for the support we have received from the Town of Arlington and the many organizations, businesses as well as individuals over the past seven years. As the Festival continues to grow we look forward to our continued relationships.

Thank you for your consideration and I will look forward hearing from you.

Kind Regards,

April L. Ranck
Executive Director



Town of Arlington, Massachusetts

Park and Recreation Commission, Associate Member

Summary:

Phil Lasker (no expiration date)

ATTACHMENTS:

Type	File Name	Description
<input checked="" type="checkbox"/> Reference Material	Lasker_appt.pdf	Town Manager recommendation, Meeting notice



Town of Arlington
Office of the Town Manager

Adam W. Chapdelaine
Town Manager

730 Massachusetts Avenue
Arlington MA 02476-4908
Phone (781) 316-3010
Fax (781) 316-3019
E-mail: achapdelaine@town.arlington.ma.us

MEMORANDUM

DATE: May 29, 2018

TO: Board Members

SUBJECT: Appointment of Associate Member to the Park and Recreation Commission

This memo is to request the Board's approval of my appointment of Phil Lasker, as an Associate Member of the Park and recreation Commission.

A handwritten signature in black ink, appearing to read "Adam Chapdelaine".
Town Manager

Phil Lasker

Objective

To obtain a position on the Arlington Park and Recreation Commission.

Professional Experience Summary

I'm a Senior Project Manager with 23 years' experience managing site development projects for both the public and private sectors. As a former Landscape Architect, I was responsible for design, permitting, and construction administration for a range of projects including institutional, commercial, and multi-family residential. At David W. White & Son Inc, I have managed over 100 million dollars in construction of parks, playgrounds and athletic facilities all over New England.

David W. White and Son Inc.

2005 - Present

Position: Senior Project Manager

A general contractor based out of Bow, NH specializing in the construction of high performance athletic facilities for municipalities, colleges, universities and other private institutions.

SRM Realty Partners LLC

2003 –2009

Position: Managing Partner

A real estate investment, development, and management partnership.

Geller DeVellis Inc. (now Stantec)

1996 – 2003

Position: Principal Landscape Architect

Prior to joining Stantec, Geller DeVellis Inc. was an awarding winning site planning, landscape architecture and civil engineering firm with offices in Boston and Newton MA.

The Faux Group

1995 – 1996

Position: Landscape Architect

A landscape architecture firm based out of Annapolis, MD with a focus on master planning, urban design, and community planning.

Education

University of Massachusetts, Amherst MA

1994 B.S. Landscape Architecture

National Student Exchange – California State Polytechnic University, Pomona CA

Certifications

OSHA 10

Certified Field Builder, American Sports Builders Association



Town of Arlington, Massachusetts

Rehearing for Abutter Notification: Sidewalk Cafe and Alteration of Premise

Summary:

Acitron, 473 Massachusetts Avenue, Prakash Hule

ATTACHMENTS:

Type	File Name	Description
<input checked="" type="checkbox"/> Reference Material	20180607165123924.pdf	Abutter Notification

AFFIDAVIT OF NOTICE OF MAILING TO ABUTTER AND OTHERS

To the Licensing Board

For the Town Of Arlington

Date Jun 7, 2018

I, Prakash Hule hereby certify that the following is a true list of the persons shown upon the Assessor's most recent valuation list as the owners of the property abutting the proposed location for an alcoholic beverages license at: 473 Massachusetts Avenue, Arlington MA. 02474

And that the following schools, churches or hospitals are located within the radius of five hundred (500) feet from said proposed location:

First Congregational Parish

Town of Arlington

Roman Catholic Arch. of Boston

Mass. Ave. 465 LLC

Akbarian Mohhamed MD

If there are none, please so state:

I also certify that the notice of this application/petition concerning an alcoholic beverages license was given to the above by mailing to each of them within three (3) days after publication of same, a copy of the advertisement is attached below. Also attached are the registered receipts/return registered receipts bearing signatures of persons receiving said notice.

Signed and subscribed to under the penalties of perjuries:

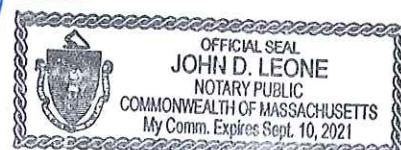
Printed: PRAKASH HULE

Written: /

Date: Jun 6, 2018

Notary Public: J.D. LEONE

My Commission Expires: Sept. 10, 2021



Please Attach Advertisement and Receipts

Date: May 30, 2018

Subject Property Address: 473-503 MASS
AVE Arlington, MA
Subject Property ID: 45-4-7.A

**Search Distance: Direct and
Churches/Schools within 500'**

Prop ID: 11-1-2

Prop Location: 630 MASS AVE Arlington, MA
Owner: FIRST CONGREGATIONAL PARISH
Co-Owner:
Mailing Address:

630 MASS AVE
ARLINGTON, MA 02476

Prop ID: 45-3-1

Prop Location: 37-51 MEDFORD ST Arlington,
MA
Owner: ROMAN CATHOLIC ARCH OF BOS
Co-Owner:
Mailing Address:
24 MEDFORD STREET
ARLINGTON, MA 02474

Prop ID: 45-4-1

Prop Location: 32 MEDFORD ST Arlington, MA
Owner: ROMAN CATHOLIC ARCH OF BOS
Co-Owner:
Mailing Address:
24 MEDFORD ST
ARLINGTON, MA 02474

Prop ID: 45-4-10

Prop Location: 0-LOT MEDFORD ST Arlington,
MA
Owner: TOWN OF ARLINGTON SELECTMEN
Co-Owner:
Mailing Address:
730 MASS AVE
ARLINGTON, MA 02476

Prop ID: 45-4-3

Prop Location: 16 MEDFORD ST Arlington, MA
Owner: ROMAN CATHOLIC ARCH OF BOS
Co-Owner:
Mailing Address:
24 MEDFORD ST
ARLINGTON, MA 02474

Prop ID: 45-4-4.B

Prop Location: 0-LOT MEDFORD ST Arlington,
MA
Owner: TOWN OF ARLINGTON SELECTMEN
Co-Owner:
Mailing Address:
730 MASS AVE
ARLINGTON, MA 02476

Prop ID: 45-4-6.A

Prop Location: 465-471 MASS AVE Arlington,
MA
Owner: MASS AVENUE 465 LLC
Co-Owner:
Mailing Address:
7 SEMINOLE AVENUE
C/O GOGUEN LIONEL
ARLINGTON, MA 02474

Prop ID: 45-4-7A

Prop Location: 473-503 MASS AVE Arlington,
MA
Owner: AKBARIAN MOHHAMED MD
Co-Owner:
Mailing Address:
PO BOX 724
WINCHESTER, MA 01890

I hereby certify that this list has been
prepared in accordance with
Massachusetts General Law.



Board of Assessors

Dear Resident/Abutter,
This is to inform you of the following:

License Notification-Alteration of Premise

**LEGAL NOTICE
PUBLIC NOTICE**

In accordance with Chapter 138 of the Massachusetts General Laws and the regulations of the Arlington Board of Selectmen there will be a public hearing on the petition of Deepna Inc, d/b/a Acitron Cocina Mexicana, Prakash Hule, Owner, located at 473 Massachusetts Ave., Arlington, MA 02474 to for an Alteration of Premise. This hearing will take place on Monday, June 11, 2018 at 7:15 p.m. in the Selectmen's Chambers, Second Floor, Town Hall, 730 Massachusetts Avenue, Arlington, MA.

Arlington Board of Selectmen

Daniel J. Dunn
Diane M. Mahon
Kevin F. Greeley
Joseph A. Curro, Jr.
John V. Hurd

5/31/18 Arlington Advocate edition

ARLINGTON
10 COURT ST
ARLINGTON
MA
02476-9998
2400520174

05/31/2018 (800)275-8777 4:18 PM

Product Description	Sale Qty	Final Price
---------------------	----------	-------------

First-Class Mail Letter	1	\$0.50
-------------------------	---	--------

(Domestic)
(ARLINGTON, MA 02476)
(Weight:0 Lb 0.40 Oz)
(Estimated Delivery Date)
(Saturday 06/02/2018)

Certified	1	\$3.45
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(@USPS Certified Mail #)
(70151730000114633288)

Return Receipt	1	\$2.75
----------------	---	--------

(@USPS Return Receipt #)
(9590940228947094965089)

First-Class Mail Letter	1	\$0.50
-------------------------	---	--------

(Domestic)
(ARLINGTON, MA 02476)
(Weight:0 Lb 0.40 Oz)
(Estimated Delivery Date)
(Saturday 06/02/2018)

Certified	1	\$3.45
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(@USPS Certified Mail #)
(70151730000114633301)

Return Receipt	1	\$2.75
----------------	---	--------

(@USPS Return Receipt #)
(9590940228947094965102)

First-Class Mail Letter	1	\$0.50
-------------------------	---	--------

(Domestic)
(ARLINGTON, MA 02474)
(Weight:0 Lb 0.40 Oz)
(Estimated Delivery Date)
(Saturday 06/02/2018)

Certified	1	\$3.45
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(@USPS Certified Mail #)
(70151730000114633318)

Return Receipt	1	\$2.75
----------------	---	--------

(@USPS Return Receipt #)
(9590940228947094965072)

First-Class Mail Letter	1	\$0.50
-------------------------	---	--------

(Domestic)
(WINCHESTER, MA 01890)
(Weight:0 Lb 0.40 Oz)
(Estimated Delivery Date)
(Saturday 06/02/2018)

Certified	1	\$3.45
		(@USPS Certified Mail #) (70151730000114633325)
Return Receipt	1	\$2.75
		(@USPS Return Receipt #) (9590940228947094965065)
First-Class Mail Letter	1	\$0.50
		(Domestic) (ARLINGTON, MA 02474) (Weight:0 Lb 0.40 Oz) (Estimated Delivery Date) (Saturday 06/02/2018)
Certified	1	\$3.45
		(@USPS Certified Mail #) (70151730000114633295)
Return Receipt	1	\$2.75
		(@USPS Return Receipt #) (9590940228947094965096)
US Flag Coil/100	2	\$100.00
		(Unit Price:\$50.00)

Total		\$133.50
-------	--	----------

Credit Card Remitd		\$133.50
		(Card Name:AMEX)
		(Account #:XXXXXXXXXXXX1016)
		(Approval #:821081)
		(Transaction #:740)
		(Entry Mode:Chip)
		(AID:A000000025010801)
		(Application Label:AMERICAN EXPRESS)
		(PIN:PIN Not Required)
		(Cryptogram:BFC9B19B659CCBDE)
		(ARC:00)
		(CVR:1E0300)
		(IAD:0672010360A002)
		(TSI:F800)
		(TVR:0000008000)

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USPS Tracking or call 1-800-222-1811.

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ARLINGTON, MA 02476

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\$ Extra Services & Fees (check box, add fee if appropriate)
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 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00

Postage \$ 0.50

Total Postage and Fees \$ 6.70

0174
83
Postmark
Here
USPS

05/31/2018

Sent To

Town of Arlington

Street and Apt. No., or P.O. Box No.

730 Massachusetts Avenue

City, State, Zip+4

Arlington, MA 02476

PS Form 3800, April 2015 PSN 7630-02-000-9047

See Reverse for Instructions

7015 1730 0001 1463 3301

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Domestic Mail Only

For delivery information, visit our website at www.usps.com®

ARLINGTON, MA 02476 ARI 1730 830 3288

Certified Mail Fee \$3.45	\$7.75
Extra Services & Fees (check box, add fee \$0.00)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.50
Total Postage and Fees \$6.70	\$6.70



7015 1730 0001 1463 3288

Sent To First Congregational Parish.

Street and Apt. No., or P.O. Box No.

630 Massachusetts Avenue.

City, State, Zip/4[®]

Arlington, MA 02476

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

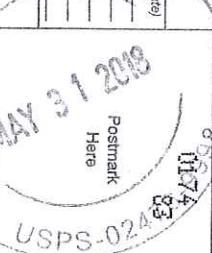
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

ARLINGTON, MA 02474 ARI 1730 830 3295

Certified Mail Fee \$3.45	\$7.75
Extra Services & Fees (check box, add fee \$0.00)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.50
Total Postage and Fees \$6.70	\$6.70



7015 1730 0001 1463 3295

Sent To First Congregational Parish.

Street and Apt. No., or P.O. Box No.

630 Massachusetts Avenue.

City, State, Zip/4[®]

Arlington, MA 02476

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

WINCHESTER, MA 01890 ARI 1730 830 3325

Certified Mail Fee \$3.45	\$7.75
Extra Services & Fees (check box, add fee \$0.00)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.50
Total Postage and Fees \$6.70	\$6.70



7015 1730 0001 1463 3325

Sent To Akbarian Mohammed MD.

Street and Apt. No., or P.O. Box No.

P.O. Box 724

City, State, Zip/4[®]

Winchester, MA 01890

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

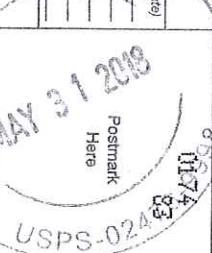
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

ARLINGTON, MA 02474 ARI 1730 830 3318

Certified Mail Fee \$3.45	\$7.75
Extra Services & Fees (check box, add fee \$0.00)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.50
Total Postage and Fees \$6.70	\$6.70



7015 1730 0001 1463 3318

Sent To Roman Catholic Arch. of Boston.

Street and Apt. No., or P.O. Box No.

24 Medford Street

City, State, Zip/4[®]

Arlington, MA 02474

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

WINCHESTER, MA 01890 ARI 1730 830 3325

Certified Mail Fee \$3.45	\$7.75
Extra Services & Fees (check box, add fee \$0.00)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.50
Total Postage and Fees \$6.70	\$6.70



7015 1730 0001 1463 3325

Sent To Roman Catholic Arch. of Boston.

Street and Apt. No., or P.O. Box No.

7 Saminole Avenue

City, State, Zip/4[®]

Arlington, MA 02474

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

ARLINGTON, MA 02476 ARI 1730 830 3301

Certified Mail Fee \$3.45	\$7.75
Extra Services & Fees (check box, add fee \$0.00)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.50
Total Postage and Fees \$6.70	\$6.70



7015 1730 0001 1463 3301

Sent To Roman Catholic Arch. of Boston.

Street and Apt. No., or P.O. Box No.

7 Saminole Avenue

City, State, Zip/4[®]

Arlington, MA 02474

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Town of Arlington
730 Massachusetts Avenue
Arlington, MA 02476



9590 9402 2894 7094 9651 02

2. Article Number (Transfer from service label)

7015 1730 0001 1463 3301

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

Tara

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Restricted Delivery (\$500) |

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Restricted Delivery (\$500) |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Roman Catholic Arch. of Boston
24 Medford Street
Arlington, MA 02474



9590 9402 2894 7094 9650 96

2. Article Number (Transfer from service label)

7015 1730 0001 1463 3295

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

Tara

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Restricted Delivery (\$500) |

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Restricted Delivery (\$500) |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mass. Avenue 465 LLC c/o
Goguen
7 Seminole Avenue
Arlington, MA 02474



9590 9402 2894 7094 9650 72

2. Article Number (Transfer from service label)

7015 1730 0001 1463 3318

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

Tara

C. Date of Delivery

6-2-08

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Restricted Delivery (\$500) |

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Restricted Delivery (\$500) |

Domestic Return Receipt



Town of Arlington, Massachusetts

For Approval: Bike Share Operator Licenses

Summary:

a) Neutron Holdings, LLC d/b/a LIME

b) Skinny Labs Inc. d/b/a Spin

Douglas W. Heim, Town Counsel

ATTACHMENTS:

Type	File Name	Description
□ Reference Material	20180607163351487.pdf	LIME Application
□ Reference Material	20180607163403473.pdf	Spin Application

**TOWN OF ARLINGTON
BOARD OF SELECTMEN**

Pilot Bike Share Operator License

The following application shall be verified under oath and shall furnish the following information:

Corporate Name: Neutron Holdings, LLC D/B/A: LIME

Address: 2121 S El Camino Real Blvd, San Mateo, CA 94403

Telephone #: 781.999.1943 Email: scott@limebike.com

Local Community Representative: Scott Mullen

Federal Identification No. or Social Security No. 814870517

Number of Bicycles to be provided in the community: up to 300

Location of Proposed Docks and/or Storage on Dock-Free Bicycles (outside of appropriate public way locations): Current map of identified public locations has been provided electronically via GoogleMaps. No private locations secured yet but will work the Nat to do outreach to School Committee, Parks Department, Arlington Housing Authority, and private apartment complexes and businesses as well to ensure a comprehensive system throughout Arlington

Please briefly state your experience in the provision of Bike Share service, including a list of municipalities in which you currently offer bike share services:Lime currently operates more than 60 fleets nationwide and several in Europe. Our fleets include pedal bikes, electric-assist bikes, and electric kick scooters. Since launching our first fleet last June we have logged more than three million trips on our shared vehicles.

Please list any facts which you believe tend to prove that public convenience and necessity require the granting of a license: By making bicycles accessible, affordable and available we can enable people to easily jump on a bicycle for a fun and active trip that might otherwise have been taken in a car. We operate at no cost to the Town and are helping achieve climate, safety and health goals.

Please describe your bicycles for the purposes of identification?

LimeBikes are lime green with yellow fenders. There is clear branding and instructions on 'How to Lime' on the frame.

Please describe your means of satisfying requirements of the Bike Share Rules and Orders with respect to:

- a) Apprising customers of safety recommendations and state and local rules of safe bicycle operation and use (i.e. advising users to wear helmets, notifying users of parking and storage requirements)

- b) Providing both users and the general public means of contacting you about improperly placed or parked bicycles and/or inoperable bicycles; and
- c) Recalibrating un-used or under-utilized bicycles:

—Each bicycle has a physical placard on the inside of the basket that encourages helmet use, reminds the user about proper parking, and discourages sidewalk riding. All of this messaging is also included in the ‘help’ section of our app, in frequent pop-up notices and push notifications both in and out of the app, as well as a bank of ‘how-to’ videos on our YouTube channel.

—Users and non-users can call our 888-LIME-345 (888.546.3345) hotline to report any issues they may have. Users and non users may report same issues directly into our app. We also monitor and respond to social media reports and have an email, support@limebike.com, as well.

—Our ground operations team moves bikes throughout the system to recalibrate things on a daily basis. We create a network of ‘hotspots’ to which we balance bicycles to match demand. We use real time data to constantly adjust the bike counts to ensure we are right-sizing the number of bikes to the demand we are seeing. Our system also tracks utilization and will flag bikes that have been sitting in one spot for 24hrs, 48hrs, or more. We then prioritize those for rebalancing, either by our own staff or by incentivizing our users through gamification. If a bike sits for more than a day it becomes a ‘bonus bike’ and shows up as a special icon on our map. If the user rides this bonus bike for at least five minutes, their trip is discounted or free. This helps us organically manage the fleet while also cutting down on emissions from our ops vans.

Please provide proof of insurance in the amounts listed in Rules and Orders for the Licensing and Operation of Pilot Bicycle Share Programs naming the Town of Arlington as an additional insured.

The applicant shall be responsible for keeping this information current during the term of any license issued.

Licenses shall only be approved for vendors selected via competitive procurement process complaint with M.G.L. c. 30A. Approved licenses are contingent upon the execution and maintenance of satisfactory Indemnification and Data Security Agreements with the Town of Arlington.

We/I hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and orders/regulations as the Selectmen may establish.



Signature

Scott Mullen

Please Print Name

Signature

Please Print Name

Signature

Please Print Name



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/25/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER GMGS Risk Management & Insurance Services
12 Truman
Irvine, CA 92620

www.gmgs.com 0B84519

INSURED
Neutron Holdings, Inc.
DBA: Limebike
2121 South El Camino Real, Suite B100
San Mateo CA 94403

CONTACT NAME:	Ashley Brewster	
PHONE (A/C, No, Ext):	949-559-3377	FAX (A/C, No): 949-559-6703
E-MAIL ADDRESS:	ashleyb@gmgs.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Burlington Insurance Company		23620
INSURER B : General Star Indemnity Company		37362
INSURER C : Ohio Security Insurance Company		24082
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 41520480

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			933BW39532	5/1/2017	5/1/2018	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	\$1,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$1,000,000
								\$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAS58148851	9/18/2017	5/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			IXG928170	7/7/2017	5/1/2018	EACH OCCURRENCE	\$4,000,000
							AGGREGATE	\$4,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N/A				PER STATUTE	OTHR
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

As respects General Liability coverage, Certificate Holder is added as Additional Insured, per CG20100704 attached.

CERTIFICATE HOLDER

Town of Arlington
730 Massachusetts Ave
Arlington MA 02474

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Michael Finn

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any person or organization for whom you are performing operations, but only if you have agreed, in a written contract, to add such person or organization as an additional insured on your policy for that location or part thereof, provided such a written contract is fully executed prior to an "occurrence" in which coverage is sought under this policy.	Any and all covered locations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**TOWN OF ARLINGTON
BOARD OF SELECTMEN**

Pilot Bike Share Operator License

The following application shall be verified under oath and shall furnish the following information:

Corporate Name: Skinny Labs Inc. D/B/A: Spin

Address: 188 King St. #203, San Francisco, CA 94107

Telephone #: (206) 965-5258 Email: kyle@spin.pm

Local Community Representative: Kyle Rowe

Federal Identification No. or Social Security No. 81-1468176

Number of Bicycles to be provided in the community: 150

Location of Proposed Docks and/or Storage on Dock-Free Bicycles (outside of appropriate public way locations):

Spin will deploy bicycles at launch and continuously afterwards at the locations shown on this Google Map – ([link](#)).

Please briefly state your experience in the provision of Bike Share service, including a list of municipalities in which you currently offer bike share services:

Since launching in June 2016, Spin has quickly established itself as the nation's leading stationless bike share vendor in cities and on campuses across the country. Spin currently operates bike share services in: Charlotte, NC; Dallas, TX; Doral, FL; Durham, NC; Flagstaff, AZ; Logan, UT; Los Angeles, CA; Miami Lakes, FL; Miami Springs, FL; Salisbury, MD; San Diego, CA; Scottsdale, AZ; Seattle, WA; Silver Spring, MD; South San Francisco, CA; Tempe, AZ; Towson, MD; and Washington, DC. Additionally, Spin offers bike share services on nearly 30 campuses.

Please list any facts which you believe tend to prove that public convenience and necessity require the granting of a license.

Stationless bike share will provide residents and visitors of Arlington, MA an affordable, convenient, healthy, and sustainable option for moving around town. Users will be able to make door-to-door trips for \$1 (if under 30 minutes), making bicycling an attractive transportation mode choice for many trips in town.

Please describe your bicycles for the purposes of identification?

Spin bicycles are orange colored with the word SPIN printed along the tube of the bicycle. A visual of a Spin bicycle is provided in Exhibit A.

Please describe your means of satisfying requirements of the Bike Share Rules and Orders with respect to:

- a) Apprising customers of safety recommendations and state and local rules of safe bicycle operation and use (i.e. advising users to wear helmets, notifying users of parking and storage requirements)
- b) Providing both users and the general public means of contacting you about improperly placed or parked bicycles and/or inoperable bicycles; and
- c) Recalibrating un-used or under-utilized bicycles:

(a) The safety of our users is Spin's number-one priority. After consultation with the Town of Arlington on exact wording and placement, Spin will provide in-app [and on-bike] notifications to users advising them to wear helmets, to follow all applicable traffic laws, and to yield to pedestrians where applicable. These will be some of the many notifications users receive. For a visual depiction of our in-app notifications, please see *Exhibit B*.

(b) Spin provides a variety of easy ways for users and the public to contact us – whether to report a maintenance issue, ask questions, or request relocation – via our app (“Help” button), website (www.spin.pm), email (support@spin.pm), phone (1-888-262-5189), or social media (Twitter and Facebook). Each of our bikes also displays our customer support phone number and email address. Our app and website also have instructions, answers to frequently asked questions, and a “live chat” that is available during normal business hours. Lastly, Spin is proud to offer Spanish-language customer support, and is assessing support for additional languages.

(c) Spin's operations team will always be tracking the fleet and will mobilize to address bicycle overconcentration. Additionally, Spin's user rebalancing tool will gamify our system and incentivize users to relocate bicycles from areas of overconcentration. This tool incentivizes users to ride back into high-demand areas or areas targeted for other reasons (e.g., underserved communities, transit connections). One of these mechanisms Spin is unveiling shortly is gamification in which a user's ride is free if they ride a bike back into an appropriate place. For instance, if we see a bike entering a particular area of the city where it should not be or where it is unlikely to get used for a long time, we can incentivize users to ride back free of charge. We also utilize traditional rebalancing and relocation services and our ground operations team will respond to these requests in timeframes as agreed upon by the Town of Arlington and Spin.

Please provide proof of insurance in the amounts listed in Rules and Orders for the Licensing and Operation of Pilot Bicycle Share Programs naming the Town of Arlington as an additional insured.

The applicant shall be responsible for keeping this information current during the term of any license issued.

Licenses shall only be approved for vendors selected via competitive procurement process complaint with M.G.L. c. 30A. Approved licenses are contingent upon the execution and maintenance of satisfactory Indemnification and Data Security Agreements with the Town of Arlington.

We/I hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and orders/regulations as the Selectmen may establish.



Signature

Kyle Rowe

Please Print Name

Signature

Please Print Name

Signature

Please Print Name

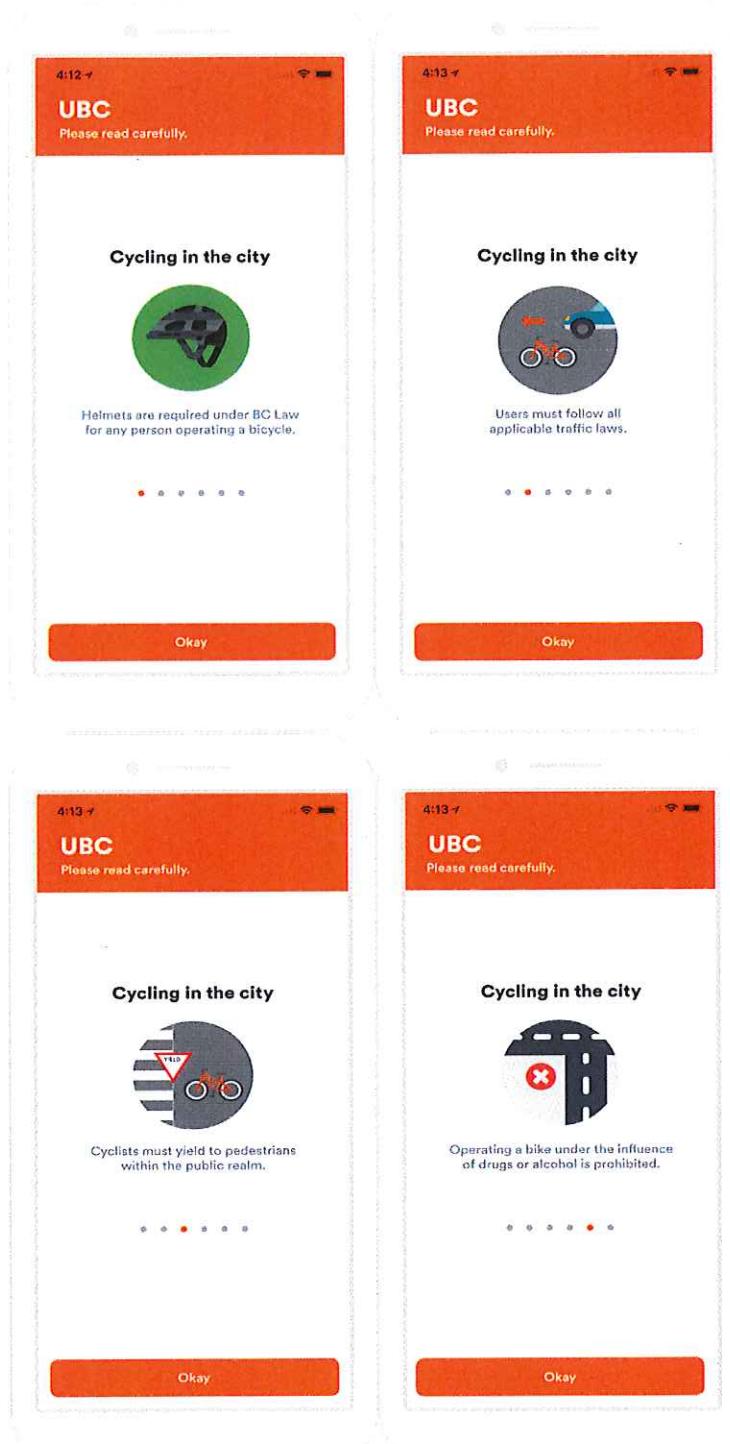
Appendix A: Bicycle specifications



Spin bicycles are designed in California, built by the manufacturer of Schwinn bikes, and assembled locally by certified bike technicians. They are CPSC-certified and ISO 4210-certified to meet top quality standards. All Spin bicycles have the following onboard:

- GPS and cellular modem
- Solid foam tires
- 3-speed internal hubs
- High-quality V-brakes or internal disc brakes
- Dynamo hub-driven front light or rear solar-powered light
- Rear reflector
- Theft-resistant screws

EXHIBIT B. Sample In-App Notifications for Rules and Regulations





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/21/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: PHONE (A/C, No, Ext) 646-854-1058	
FounderShield, LLC 119 W 24th St, 3rd Floor New York, NY, 10010		FAX (A/C, No) E-MAIL ADDRESS: col@foundershield.com	
INSURED		INSURER(S) AFFORDING COVERAGE INSURER A: UNDERWRITERS AT LLOYD'S LONDON (CFC) 15792	
Skinny Labs Inc. 188 King St, #203 San Francisco, California, 94107		INSURER B: GENERAL STAR INDEMNITY CO 37362	
		INSURER C: SCOTTSDALE INSURANCE CO 41297	
		INSURER D: GREAT AMERICAN E & S INS CO 37532	
		INSURER E: CM Vantage	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
E	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			TBD	05/04/2018	05/04/2019	EACH OCCURRENCE	\$1,000,000.00
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000.00
							MED EXP (Any one person)	\$20,000.00
							PERSONAL & ADV INJURY	\$1,000,000.00
							GENERAL AGGREGATE	\$2,000,000.00
							PRODUCTS - COMP/OP AGG	\$2,000,000.00
B	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IXG423340A	05/03/2018	05/03/2019	OTHER:	\$
							COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000.00
	ANY AUTO	<input type="checkbox"/>					BODILY INJURY (Per person)	
	OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	
	Hired AUTOS	<input checked="" type="checkbox"/>	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	
E	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	CLAIMS-MADE	TBD	05/04/2018	05/04/2019	EACH OCCURRENCE	\$5,000,000.00
	EXCESS LIAB <input type="checkbox"/>	<input type="checkbox"/>	DED <input checked="" type="checkbox"/> RETENTION \$0.00				AGGREGATE	\$5,000,000.00
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	Y/N				PER STATUTE	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	<input type="checkbox"/>	N				E.L. EACH ACCIDENT	
C E	If yes, describe under DESCRIPTION OF OPERATIONS below			EKS3236526	10/20/2017 05/04/2018	10/20/2018 05/04/2019	E.L. DISEASE - EA EMPLOYEE	
	Cyber Liability, Errors & Omissions, Media Liability Directors & Officers	<input type="checkbox"/>	<input type="checkbox"/>				E.L. DISEASE - POLICY LIMIT	
		<input type="checkbox"/>	<input type="checkbox"/>				\$ 2,000,000 per occ	\$ 2,000,000 in agg
							\$ 1,000,000 per occ	\$ 1,000,000 in agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is included as an Additional Insured on the above referenced policy as required by written contract.

CERTIFICATE HOLDER

Town of Arlington
730 Massachusetts Ave.
Arlington, MA 02476

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any person or organization for whom you are performing operations, but only if you have agreed, in a written contract, to add such person or organization as an additional insured on your policy for that location or part thereof, provided such a written contract is fully executed prior to an "occurrence" in which coverage is sought under this policy.	Any and all covered locations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



Town of Arlington, Massachusetts

CITIZENS OPEN FORUM



Town of Arlington, Massachusetts

Discussion: Regis Road Repaving

Summary:

Elizabeth Gottlieb and Residents of Regis Road

ATTACHMENTS:

Type	File Name	Description
<input checked="" type="checkbox"/> Reference Material	20180607170236509.pdf	Regis Road Petition

February 26, 2018

Dear Board of Selectmen and Engineering Division for the Town of Arlington, MA,

On behalf of the abutting property owners of Regis Road (a private way), I would like to request a meeting with you to discuss repaving Regis Road.

As you are aware, Regis Road is a private way in East Arlington that directly links River St to the Thompson School on Everett St. It is an understatement to say that Regis Road experiences a lot of school traffic from both cars and school buses throughout the school year. In addition, the road is a popular cut through for cars traveling to the neighborhoods on the other side of the school. As you can imagine, this heavy traffic has literally destroyed the road.

Last year, we submitted a request for temporary repairs (filling the numerous potholes) after producing photographs of the constant traffic we get with cars, buses, as well as the large construction trucks that tore up our road during the construction of the Thompson School. The temporary repairs provided by the town were obviously just that, temporary.

We are now asking the Town of Arlington to work with us on a plan to repave Regis Road since temporary repairs realistically are no longer an option. We are familiar with the Betterment Program, but under the unique circumstances we find ourselves in (being a road that is heavily used by the public and town buses to get to the Thompson School), we are requesting this special meeting with you to discuss all of our options.

Every abutting property owner on Regis Road has received this letter and by signing below, they are agreeing to this request for the aforementioned special meeting.

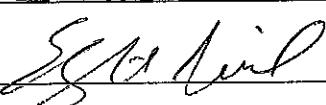
Thank you for your consideration of our request. We look forward to hearing back from you soon!



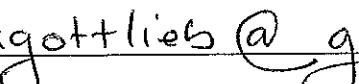
Elizabeth Gottlieb
10 Regis Road, Arlington, MA 02474
P: 781-249-1565, E: lissagottlieb@gmail.com

Regis Road Abutting Property Owner:

Printed Name: Elizabeth Gottlieb

Signature: 

Mailing Address: 10 Regis Rd, Arlington, MA

E-mail Address:  lissagottlieb@gmail.com



Town of Arlington, Massachusetts

Discussion: Proposal to Hold Weekend Beer Garden at Whittemore Park

Summary:

Adam W. Chapdelaine, Town Manager

ATTACHMENTS:

Type	File Name	Description
□ Reference Material	Memo_Aeronaut_Beer_Garden_at_Whittemore_Park_(2).pdf	Memorandum to Board
□ Reference Material	Beer_Garden_Application.pdf	Beer Garden Application



TOWN OF ARLINGTON

MASSACHUSETTS 02476

781 - 316 - 3090

DEPARTMENT OF PLANNING &
COMMUNITY DEVELOPMENT

M E M O R A N D U M

To: Adam Chappelaine, Town Manager

Cc: Jennifer Raitt, Director, Department of Planning and Community Development

From: Ali Carter, Economic Development Coordinator

Date: May 31, 2018

Re: Aeronaut Beer Garden at Whittemore Park, Summer 2018

Aeronaut Brewing Company is proposing a series of outdoor beer gardens throughout the summer of 2018. These beer gardens would be located on Whittemore Park and utilize three parking spaces in the Russell Common lot, 2 parking spaces on Mass Ave and be staffed by eight Aeronaut Brewing Company employees and have a maximum capacity of 250 people.

Vision: The proposed beer garden would be open on Saturdays (12-10 pm), and Sundays (12-7 pm) throughout the summer of 2018 selling both alcoholic and non-alcoholic drinks. One food truck would be parked nearby to provide food service to beer garden patrons; this food truck would not duplicate the cuisine of any restaurant within a two-block radius of Whittemore Park so as not to compete with area brick-and-mortar restaurants. Aeronaut would also hire musicians to play, adding an entertainment amenity to the beer garden. The target audience would be Arlington residents as well as cyclists along the Minuteman Bikeway. It would meet a goal of the Arts and Culture Action Plan to activate under-utilized Town properties with programs and events.

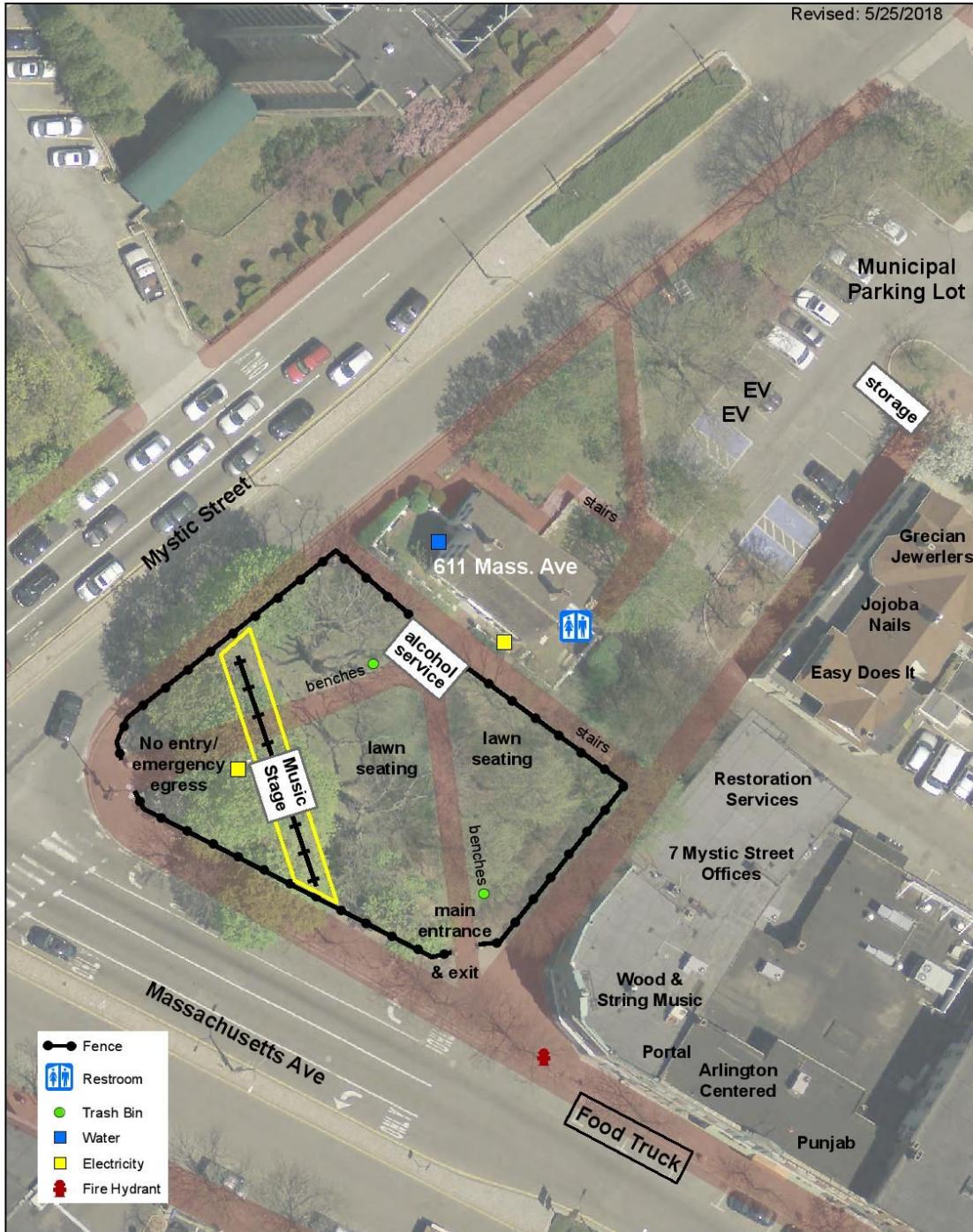
Security Plan: Access to the beer garden will be restricted to an entrance on Mass Ave near the brick alleyway down to the Russell Common lot. Emergency egress would be allowed through the access point to the park at the corner of Mass Ave and Mystic Street. There will be an Aeronaut Brewery staff person who is trained to check identification stationed at the entrance. Aeronaut will have TIPS-certified beer servers, and will always have at least one Crowd Control certified member of staff on duty. Children under the age of 21 will only be allowed into the beer garden under the supervision of a parent or guardian. After identification is checked, beer garden patrons who are 21 years of age or older will be given a wristband. Per ABCC regulations, each wristband-wearing patron will only be allowed to purchase 2 drinks at a time. Aeronaut staff will be stationed at each exit to assure that no one leaves the beer garden with any alcoholic beverages; all beers must be consumed inside the beer garden. Bathrooms in the Cutter Gallery will be accessible to beer garden patrons and staffed by an Aeronaut security team member. A sign will be posted stating that no outside beverages are allowed inside the beer garden. Aeronaut Brewing Company has a successful track record of hosting public events in Arlington (Town Day 2017 and Old Schwamb Mill's Oktoberfest) and in surrounding communities. Aeronaut will secure liquor liability insurance with the Town named as additional insured in the amount of \$1,000,000.

Maintenance Plan: All trash will be removed from the site at the end of each day and disposed of by Aeronaut.

Arlington's Whittemore Park Beer Garden

0 25 50 100 Feet

Revised: 5/25/2018



G:\Maps\\Events\BeerGarden_WhittemorePark\BeerGarden_WhittemorePark_2018-05-25.mxd

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Daniel Rassi

Address, phone & e-mail contact information: 14 Tyler st.. Somerville. MA 02143
(917) 648-1584. dan@aeronaut.net

Name & address of Organization for which license is sought: TBD Brewing LLC d/b/a
Aeronaut Brewing Co.. 14 Tyler St.. Somerville. MA 02143

Does this Organization hold nonprofit status under the IRS Code? Yes No

Name of Responsible Manager of Organization (if different from above):
same as above

Address, phone & e-mail contact information: Same as above

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? no If so, please give date(s) of Special Licenses and/or applications and title of event(s). _____

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

no

24-Hour contact number for Responsible Manager of Alcohol Event date: (917) 648-1584

Title of Event: Aeronaut Arlinaton

Date/time of Event: Sat & Sun July 1 through Sep 30. 12pm-8pm Sat. 12pm-7pm Su

Location of Event: Whittemore Park. 611 Massachusetts Ave.

Location/Event Coordinator: Daniel Rassi

Method(s) of invitation/publicity for Event: Facebook, Twitter, News features

Number of people expected to attend: 250 person capacity

Expected admission/ticket prices: free

Expected prices for food and beverages (alcoholic and non-alcoholic): Alcoholic beverages: \$7-8. Nonalcoholic beverages: \$1-4. Food truck items will range from \$5-\$12.

Will persons under age 21 be on premises? Yes. only with a parent or guardian.

If "yes," please detail plan to prevent access of minors to alcoholic beverages. Adults 21+ will receive wristbands. Only people with wristbands will be served. We will have 1-2 roaming security personnel at all times, ensuring that people without wristbands are not drinking. Entry points will be staffed at all times.

Have you consulted with the Department of Police Services about your security plan for the Event? Yes. We have shared our security plans with APD.

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Date _____

Printed name/title

POLICE COMMENTS:

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

Beer and cider.

What types of food and non-alcoholic beverages do you plan to serve at the Event? Rotating food trucks serving various cuisines (e.g. grilled cheese, falafel, burgers, noodles, pizza). Non-alcoholic drinks include water and soft drinks.

Who will be responsible for serving alcoholic beverages at the Event? TIPS-trained Aeronaut employees only.

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

TIPS certification.

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

Ronn Friedlander - 7/25/1984

Daniel Rassi - 9/18/1986

Erika Dickinson - 12/10/1990

Michael Yim - 6/27/1986

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) Aeronaut Brewing Co., under its Farmer Brewer License.

Date of Delivery: All event dates

Alcohol Serving Time (s): 12pm-8pm Saturday
12pm-7pm Sundays

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
All excess alcohol will be returned to Aeronaut Brewing Co. at the end of each event by Aeronaut Brewing Co. staff.

Date of Pick-Up: All event dates.

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.) See attached certificate of insurance.

Please submit this completed form and filing fee to the Board of Selectmen at least 21 days before your Event. Failure to provide complete information may delay the processing of your application.

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: 

Printed name: Daniel Rassi

Printed title & Organization name: Owner, TBD Brewing LLC d/b/a Aeronaut Brewing Co.

Email: dan@aeronaut.net



C E R T I F I E D

Issued: 5/27/2018

Expires: 5/27/2021

ID#: 4811138

Daniel Rassi

Aeronaut Brewing Co.

Somerville

14 Tyler St

Somerville, MA 02143-3224

For service visit us online at www.gettips.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/25/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Fred C. Church Insurance
41 Wellman Street
Lowell MA 01851

CONTACT NAME: Susan Merriam

PHONE (A/C, No. Ext): 800-225-1865

FAX (A/C, No): 978-454-1865

E-MAIL ADDRESS: smerriam@freddchurch.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Philadelphia Indemnity Insurance Company

INSURER B : Hartford Fire Insurance Company

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED
TBD Brewing LLC
DBA Aeronaut Brewing Co.
14 Tyler Street
Somerville MA 02143

TBDBREW-01

COVERAGES

CERTIFICATE NUMBER: 1556247872

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK1724167	10/8/2017	10/8/2018	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PHPK1724172	10/8/2017	10/8/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	X UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE			PHUB603545	10/8/2017	10/8/2018	EACH OCCURRENCE	\$ 2,000,000	
							AGGREGATE	\$	
								\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	08WECP9011	3/15/2018	3/15/2019	X PER STATUTE	OTHE-R	
							E.L. EACH ACCIDENT	\$ 1,000,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 100,000	
A	Liquor Liability			PHPK1724167	10/8/2017	10/8/2018	Each Claim General Aggregate	1,000,000 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

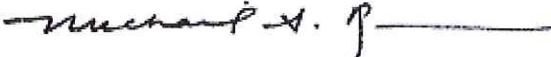
Town of Arlington is included as Additional Insured per written agreement for the pop-up beer garden event from July 1st - September 30th located at: Whittemore Park, 611 Massachusetts Ave., Arlington, MA 02474.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





Town of Arlington, Massachusetts

For Approval: Process for Filling CPAC Vacancy

Summary:

Adam W. Chapdelaine, Town Manager



Town of Arlington, Massachusetts

For Approval: Process for Recruitment of Treasurer/Collector

Summary:

Adam W. Chapdelaine, Town Manager

ATTACHMENTS:

Type	File Name	Description
<input type="checkbox"/> Reference Material	Treasurer_Recruitment_Process_2018.pdf	Memorandum to Board
<input type="checkbox"/> Reference Material	Treasurer_May_2018.pdf	Position Description



TOWN OF ARLINGTON

HUMAN RESOURCES DEPARTMENT

730 MASSACHUSETTS AVENUE, ARLINGTON, MA 02476
PHONE (781) 316-3120 FAX: (781) 316-3129

CARYN COVE MALLOY
DIRECTOR OF HUMAN RESOURCES

MEMORANDUM

TO: Dan Dunn, Select Board Chairman
Adam Chapdelaine, Town Manager

FROM: Caryn Malloy, Director of Human Resources

RE: Proposed Treasurer Recruitment and Hiring Process

DATE: June 7, 2018

For your consideration I have outlined a process with the goal of supporting the Select Board in the recruitment and hiring of a highly skilled financial professional to serve as the Town's next Treasurer.

1. Advertising – As soon as the Select Board authorizes a process, I recommend that we advertise on the following websites: LinkedIn, Boston.com (Monster), Massachusetts Municipal Association, and Massachusetts Government Finance Officers Association. I recommend that we leave the position open for approximately four weeks. An updated position description is attached to this memo for the Board's review. Salary will be posted as entrance to mid-point in the M2 range of the pay plan with potential growth to the maximum; the FY19 full range is \$92,737 to \$134,010.
2. Selection Panel – I recommend a panel lead by Chairman Dunn or his Select Board designee, Town Manager Adam Chapdelaine, Deputy Town Manager Sandy Pooler, Treasurer Dean Carman and School Finance Officer John Danizio. I would also serve on the committee in my capacity as Human Resource Director. This panel would be convened shortly after the deadline for applications to meet and select candidates for interview.
3. Process – I envision two rounds of interview with the panel. The first round would be a shorter interview with the panel followed by an assessment exercise developed under Deputy Town Manager Sandy Pooler's financial expertise. Once the field has been narrowed, the second round would consist of an additional panel interview with two assessment exercises of greater complexity to further evaluate skills essential for the successful candidate. If the Chair or Select Board designee is satisfied after these two rounds that there is a clear and excellent choice to recommend to the full Board, I would then check that person's references and confirm that they are comfortable with being interviewed before

the full Board in open session. Any candidates that have agreed to be interviewed in open session would be invited to tour the Treasurer's Office.

4. Appointment - If the Board is in support of moving forward with a candidate, they could entertain a motion to have the Chairman enter into discussions with the candidate on the terms of employment and start date.
5. Summary – If all goes smoothly this process would result in the Board being presented with a candidate by late August 2018.

I look forward to working with you in this very important hiring process. Please do not hesitate to contact me should you have any questions.

TREASURER & COLLECTOR

Definition

Professional administrative and supervisory work in the daily administration and management of the Town Treasurer's office, including the custody, disbursement, investment and borrowing of monies, preparation of fiscal reports, collection of taxes and other revenues; all other related work, as required.

Supervision

Works under the general direction of the Finance Director, in strict accordance with provisions of the Massachusetts General Laws and the rules and regulations of the Department of Revenue. Performs a variety of responsible functions within the guidelines established by statute and professional standards; questions of policy or legal interpretation are reviewed with the Finance Director.

Performs highly responsible functions of a complex nature which require considerable use of independent judgment and initiative in the planning, administration and execution of the department's services, in the interpretation and application of laws, regulations and procedures, and in the direction of personnel.

Supervisory Responsibilities

Supervises up to ten employees; 9 full-time, 1 part-time. Supervisory activities include establishing work procedures and performance standards, the evaluation of employees, providing training and development, assigning and reviewing work and disciplining employees.

Work Environment

Work is performed under typical office conditions; work environment is moderately quiet. Work is generally performed during normal business hours, but additional hours are often required to meet deadlines; the workload is subject to cyclical fluctuations. The employee is required to attend evening meetings and to work outside of the normal business hours.

The employee operates standard office equipment.

The employee has ongoing contact with the public, town and school departments, outside organizations, such as the Department of Revenue, vendors, boards and committees; Contacts are in person, on the telephone and through written communication. The incumbent is required to carry a town issued cell phone and be available to contacts outside of normal business hours. The position requires excellent public relations skills, persuasiveness and resourcefulness.

The employee has access to department-related confidential information, including personnel files, bid documents, and financial information about taxpayers.

Errors in administration and judgment could significantly affect the municipality's ability to deliver services and could have financial and legal repercussions.

Essential Duties and Responsibilities

The essential functions or duties listed below are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

Plan, direct, evaluate and exercise general supervision over the work of the Treasurer's Office to include

June 2018

*Arlington, Massachusetts
Treasurer & Collector*

management of tax collection; water and sewer bill collection; Town funds including trust funds and special revenue funds; Town tax title accounts and foreclosed properties; tax account affected by Bankruptcy Court decisions; and short and long-term borrowing including the determination of debt structure, timing of debt issuance, debt maturities etc.

Oversees preparation of data and all necessary documentation for loan obligations and purchases; responsible for the deposit of funds in banking institutions; maintains the custody of all monies received in the town treasury; maintains the system of accounting for all receipts and payments on behalf of the town; ensures that all required reports and certificates are completed and filed in a timely fashion.

Manages the town's cash by making determinations that all previous day transactions are properly completed; analyzes projected expenditures and revenues, investments, cash position and related financial information; examines current interest rates; evaluates various investment or borrowing options and makes recommendations to the Town Treasurer.

Schedules all preparatory work in connection with the annual audit of the town's books and records in order to ensure prompt and efficient collection of data for the auditors.

With the assistance of the Deputy Treasurer, supervises and oversees the work of departmental staff, including but not limited to allocating workload, writing performance reviews, approving vacation requests and handling day to day personnel matters that arise.

Reviews office policies and procedures and makes recommendations for revisions consistent with Town policies; provides guidance to the staff in the completion of assignments.

Prepares the department budget and makes recommendations to the Town Manager and Finance Committee.

Coordinates all activities associated with the borrowing of funds; including making presentations, preparing brochures, providing historical and current financial data, attending meetings, and payment of bills; responsible for obtaining approval from the Emergency Finance Board.

Prepares and reviews Requests For Proposals and Request For Information for banking and other services.

Assists the School Department by providing financial information pertaining to state reimbursements. Assists the Finance Director in the estimation analysis and monitoring of Town's operating revenue budget.

The employee serves as a member of various Boards, Committees and Commissions as needed.

Ensures that the day to day operation, collection, reporting and maintenance of the parking meter infrastructure is maintained.

Serves as the Town's Parking Clerk. Reviews parking ticket appeals in writing or in-person depending on the petitioners request. Answers periodic questions from motorists. Coordinates with the Select Board's Office on parking matters.

Performs similar or related work as required, or as situation dictates.

Recommended Minimum Qualifications

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Education and Experience

Bachelor's Degree; seven to ten years of progressively responsible finance experience, Master's Degree and municipal experience preferred; or an equivalent combination of education and exp.

Other Requirements

Certified Treasurer/Collector through the Massachusetts Treasurer/Collector's Association or ability to obtain within two years of employment.

Knowledge, Ability and Skill

Knowledge of principles of municipal revenue collection and taxation, principles governing the marketing and sale of long-term and short-term investments, modern office procedures, methods, record keeping and computer equipment, up-to-date security practices, research and reporting methods and techniques, municipal personnel policies and procedures, pertinent federal, state and local laws, codes and regulations, principles and practices of statistical analysis and research.

Ability to establish and maintain effective working relationships with town officials, employees, members of the banking community, governmental representatives, and the general public, to prepare accurate financial reports and records, to communicate effectively in written and oral form, to lead and supervise departmental staff and to develop policies and procedures for the department's operations, to work independently, to maintain confidentiality, interpret and apply federal, state and local policies, procedures, laws and regulations.

Excellent planning, organizational, communication, analytical, decision-making, and supervisory skills. Excellent project management and technological skills in a variety of software including Microsoft Office and MUNIS preferred. Executive level writing and presentation skills.

Physical Requirements

Minimal physical effort is required to perform duties. The employee is frequently required to sit for extended periods, speak, hear and use hands to operate equipment. Vision requirements include the ability to read routine and complex documents and view a computer monitor. Mental capacity to analyze date, make sound decisions and use good judgement.

This job description does not constitute an employment agreement between the employer and employee, and is subject to change by the employer, as the needs of the employer and requirements of the job change.



Town of Arlington, Massachusetts

Discussion: Board of Selectmen Awards

Summary:

Kevin F. Greeley, Selectman



Town of Arlington, Massachusetts

Discussion: Goal Setting Meeting Date

ATTACHMENTS:

Type	File Name	Description
Reference Material	July_August_Calendar.pdf	July August Calendar

July 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 Independence Day	5	6	7
8	9	10	11	12	13	14
15	16 BoS Meeting	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



Town of Arlington, Massachusetts

Safety Concerns and Recommendations @ Intersection of Gray Street, Quincy Street and Fountain Road

Summary:

Elisabeth Carr-Jones, One Lehigh Street

ATTACHMENTS:

Type	File Name	Description
<input checked="" type="checkbox"/> Reference Material	Gray_Quincy_Fountain_intersection_(1).docx	Reference

June 4, 2018

Greetings Select Board,

Four people have independently shared their concerns with me following a two-car crash at Gray, Quincy & Fountain on the evening of Tuesday, May 29. Though I've been told there were no serious injuries, it was clearly a traumatic event that has left the neighborhood feeling less safe.

My Transportation Advisory Committee training sent me straight to the Select Board (if the name change is official) to register the neighborhood's concerns and to request that a few things be looked into. Historically, the TAC reported recommendations on the Gray, Quincy & Fountain intersection in December 2003 in response to a request from the Board. Since then, nearly all the recommendations have been implemented. That said, some safety issues remain.

Traffic Speed on Gray Street

Recent improvements to the roadway and sidewalks on Gray Street have been wonderful. The only downside is that traffic speeds may have increased. For this reason, we would like the Police Department to consider some manner of targeted speed monitoring/enforcement on Gray Street between Oakland Ave and Highland Ave in the short term.

The posted speed limit on Gray Street westbound between Pine Ridge Road and Oakland Ave is 30 MPH. Gray Street eastbound is unposted to Newport Street, where there is a 25 MPH sign. And there are three un-signalized school crosswalks between Highland Ave and Oakland Ave. Given that the town-wide speed limit is now 25 and the Town has greater control over setting speed limits, we request that lowering the speed limit from 30 to 25 also be considered for this section of Gray Street.

Visibility at Fountain Road

A review of the crash reports would be necessary to know for certain, but the majority of complaints I've heard pertain to the Fountain Road side of the Gray Street intersection. The large street tree on that side of Gray Street to the west of the intersection has been removed. Yet, visibility to the east and west remains obstructed by hedges and fences on both corners. It would be helpful to have the Town's assessment as to the compliance with intersection visibility requirements at this intersection.

Potential Pedestrian Signal

Concrete bases were installed on the northwest and southwest corners of the Gray, Quincy & Fountain intersection during the Gray Street sidewalk project. They appear to be appropriate for the installation of a pedestrian on-demand signal. Such a signal could improve pedestrian safety at the crosswalks and potentially reduce traffic speed on Gray Street. If the Town is ready, the neighborhood would gladly be part of the decision-making process to make this signal a reality.

Thank You for your attention,
Elisabeth

PS One of the emails I received (included next page) conveys the sense of urgency we're facing.

Elisabeth Carr-Jones
781-648-9026 | elisabeth@carr-jones.com
One Lehigh Street | Arlington MA 02476

Sent: Thursday, May 31, 2018 4:55 PM

To: Elisabeth Carr-Jones <elisabeth@carr-jones.com>; Alan Jones <jones@carr-jones.com>

Subject: Gray Street

Hi Elisabeth and Alan,

I'm writing with the hope that you can point me in the right direction. As you probably know, there was a bad accident on the corner of Gray and Quincy/Fountain Street Tuesday night. Earlier in the day, there was another accident on Fountain Street. And last night, as I was driving on Gray Street, a car came dangerously fast behind me, swerving to try to get me to drive above the speed limit. When I stopped to let a boy cross the street at a signed crosswalk, the driver tried to go around me in the other lane and had to slam on her brakes when she realized there was someone in the crosswalk. It was incredibly scary and dangerous.

We are wondering who to contact in the town to request a speed study of Gray street, especially the area between Oakland and Highland. It seems more and more cars are using Gray instead of Mass Ave, driving far above the speed limit. With so many young kids walking home from school and to afternoon activities, it's terrifying to see cars and trucks barreling down Gray as if it were a major roadway.

Please let me know who I can contact to submit a request and investigate if a police patrol, speed electronic sign or speed bumps are options to address the speeding.

Sincerely,
Catherine



Town of Arlington, Massachusetts

Police Response to Agressive Dog Complaint @ 72 Ronald Road

Summary:

Captain Jim Curran, APD

ATTACHMENTS:

Type	File Name	Description
<input checked="" type="checkbox"/> Reference Material	J._Curran._CR.pdf	Reference

From: "James Curran" <JCurran@town.arlington.ma.us>
To: "Marie Krepelka" <MKrepelka@town.arlington.ma.us>
Cc: "Fred Ryan" <FRyan@town.arlington.ma.us>
Date: 06/06/2018 03:36 PM
Subject: 72 Ronald Rd. Ann Houston Agressive Dog Complaint

Marie, Could you please let the Board of Selectmen know that I spoke with Ann Houston last week. Her neighbor put up some wire fencing and it seems to have resolved the problem. She knows to contact us if there are any further problems. Thanks Jim C.

CAPTAIN JIM CURRAN
ARLINGTON POLICE DEPARTMENT
Phone 1-781-316-3961
Fax 1-781-316-3919
jcurran@town.arlington.ma.us



Town of Arlington, Massachusetts

NEW BUSINESS



Town of Arlington, Massachusetts

EXECUTIVE SESSION



Town of Arlington, Massachusetts

To review the Executive Session Minutes of April 9, 2018; April 23, 2018; April 30, 2018 and May 7, 2018.



Town of Arlington, Massachusetts

To conduct a strategy session in preparation for negotiations with non-union personnel - Town Manager.



Town of Arlington, Massachusetts

Next Scheduled Meeting of BoS June 25, 2018